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QUALIFICATIONS AND DUTIES

OF

AN OFFICER OF HEALTH.

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ON THE QUALIFICATIONS AND DUTIES OF AN OFFICER OF HEALTH.

ALTHOUGH the public have had considerable experience in the important functions of an officer of health, yet they by no means comprehend the real duties of the appointment, or the qualifications necessary for it. Even in this metropolis, where, ever since the passing of the Local Management Act of 1855, such appointments have been numerous, there are not two vestries of the same opinion as regards the importance of the office, or the nature of the business belonging to it ; and of the scores of towns which have adopted the Public Health Act, and the Local Self-Government Act, there are but few that have fulfilled the intentions of those Acts by appointing medical officers of health, and fewer still that have given vigour to the office by acknowledging its importance. It may be that our own profession is somewhat to blame in this matter on account of its carelessness in dealing with it, for too often has the appointment of Health Officer been accepted without consideration of the responsibilities attached to it, as if the duties could be easily performed in the intervals of practice, and thus the office has been accepted as an agreeable honorary appointment.

It is needless to say that the ministry of the office, under these circumstances, is not likely to promote the aims of sanitary science, or to serve the interests of the public, or to fulfil any of the intentions of the appointment.

It was not so in ancient times, for we are told that in Greece it was a very common thing for the public authorities to consult the most learned physicians (the Asclepiadæ)

on all matters relating to the public health. Hippocrates was, perhaps, the Officer of Health at Athens, and Democedes at Ægina, Athens, and Samos, successively.* Even in our country, when there was danger of pestilence, or unusual sickness, the most famous physicians were appealed to in behalf of the common weal; and the learned Kaye, who founded a College at Cambridge, speaks of the importance of the office, and of the responsibilities connected with it. Lord Bacon, too, has left us a record of what he thought were the duties of the appointment, and how it should be performed.

But no one, perhaps, had so good an opportunity of estimating the services of an Officer of Health, and of judging of his qualifications as Parent-du-Chatelet. "It is generally thought," says he, "in the world that the knowledge of medicine acquired in the schools is all that is necessary to become a useful member of the Council of Hygiene; and that to have a diploma, and some patronage, is sufficient to qualify a man for administering thereto. Medical men, for the most part, share this opinion; and on the strength of some precepts which they have collected from books on Hygiene and Medicine, they think themselves sufficiently instructed to decide on the instant the gravest questions, which can only be resolved by special knowledge.

"A man may have exhausted medical literature, he may be an excellent practitioner at the bed-side, a learned physician, a clever and eloquent professor; but all these acquirements in themselves are nearly useless in a council of health, and, if an occasion presents itself to make use of them, there are but few persons who can apply them. To be truly useful in a Council of Hygiene, it is necessary to have an extended knowledge of Natural Philosophy, and of the constitution of the soil on which the city is built, and of the geology of the neighbouring country. It is necessary, above all, to know with exactness the effects which trades

* Rumsey's *Essays on State Medicine*, p. 297.

may have on the health of those who exercise them. To be acquainted with the more important influence of every species of manufactory on the vegetation, the animals, and the population of cities. This knowledge, so important, of the effects of trades and manufactures is not to be acquired by ordinary study or by reading in the library. It is not to be obtained without a technical knowledge of the arts, and of the many processes which are peculiar to them. It requires practice, and the frequent visiting of manufactories. In this particular, more even than with medicine, books are not a substitute for practical observation, and if there exist works on the subject, they are more likely to mislead than to enlighten. From what has been said, and especially when we regard the multitude of subjects to be treated, it will be evident that it is necessary to introduce into the Council those physicians who have made hygiene, and, above all, public and political hygiene, their especial study ; and to join with them chemists, particularly manufacturing chemists; for, what would they do before a furnace, or in a matter of practical art, if their lives had been spent in hospitals, or in the exclusive study of medicine? It is clear they would often be deceived by those adroit and skilful manufacturers who would have an interest in concealing the truth.* These observations were made in respect of the qualifications of a member of the Council of Hygiene, but they apply with greater force to the qualifications of an Officer of Health. In fact, the Board of Health of this country in 1855, acting under the advice of their Medical Officer, issued instructions respecting the duties of an Officer of Health which accord in many respects with those of Parent-du-Chatelet. "The Officer of Health" they say, "is appointed in order that through him the local sanitary authority may be duly informed of such influences as are acting against the healthiness of the population of his district, and of such steps as medical science can advise for their removal ; secondly, to

* Hygiene Publique, Parent-du-Chatelet, Tome i., p. 4.

execute such special functions as may devolve upon him by the statute under which he is appointed ; and, thirdly, to contribute to that general stock of knowledge with regard to the sanitary condition of the people, and to the preventible causes of sickness and mortality which, when collected, methodized, and reported to Parliament by the General Board of Health, may guide the Legislature in the extension and amendment of sanitary law.

“The duties of the Officer of Health will be to the following effect :—

“1. He will make himself familiar with the natural and acquired features of the place, with the social and previous sanitary state of its population, and with all its existing provisions for health, namely—with the levels, inclinations, soil, wells, and watersprings of the district ; with its meteorological peculiarities, with the distribution of its buildings and open spaces, paved or unpaved ; of its burial grounds and lay-stalls ; with the plan of its drains, sewers, and water supply ; with the nature of its manufacturing and other industrial establishments, with the house accommodation of the poorer classes, and their opportunities for bathing and washing ; with the arrangements for burial of the dead, and with the regulations in force for lodging-houses and slaughtering-places, for the cleansing of public ways and markets, and for the removal of domestic refuse. And if he be the first officer of health appointed in his district, he will, without unnecessary delay, furnish to the local authority a connected account of these matters, so far as they relate to the public health, making thereon such practical suggestions as he may think applicable.

“2. He will invite communications relating to the sanitary wants of the district from the resident clergy, the medical practitioners, registrars, relieving-officers, and other persons or societies engaged in the visitation of the poor.

“3. He will take the best means in his power to become acquainted from week to week, and in times of severe disease, from day to day, with the deaths and sicknesses

in his district ; and he will inquire to what extent they have depended on removable causes.

“4. With the assistance of such subordinate officers as the local board may empower him to direct and superintend, he will watch his district, taking care to bring its several parts under examination as often as their sanitary circumstances shall require, and especially observing those places which have previously given occasion of complaint, or been subject to sickness. He will inquire as to the cleanly, wholesome, and weather-proof condition of houses ; as to their due ventilation and not over-crowded condition ; as to the efficiency of their drainage and water-supply ; and as to the absence of dampness and offensive effluvia in and about them. He will examine from time to time the drinking waters of the place, and will observe whether provisions are offered for sale in any damaged or adulterated state, that is hurtful or illegal. He will occasionally visit all burial-places, and see whether they give any ground for complaint, and he will habitually observe the slaughtering-houses of the district and other industrial establishments, which are liable to emit offensive (especially animal) effluvia.

“5. He will report to the local board weekly, annually, and at such intervening times as may require it :—

“Weekly, on all deaths, (classified according to age, cause, and locality), and, so far as may be practicable, on all important sickness of the district ; on such newly observed unwholesome conditions as the local board can remove ; and on the completion, progress, or neglect of improvement in matters previously reported on.

“Annually, on the sanitary transactions of the year, (especially as to the removal of former evils, or the creation of new establishments for sanitary purposes,) on whatever incidental changes have been wrought in the physical state of the district, and on the sickness, mortality and atmospheric conditions of the period—using for these reports, as far as convenient, tabular forms and other compendious arrangements ; and, in every case where he refers

to an existing evil, stating what sanitary rule, measure, or appliance he deems best for its mitigation.

"6. He will attend the local board when required, will be present at some convenient appointed place as often as may be needful for the receiving of complaints, and in whatever is to be done for the abatement of unwholesome conditions, will give all fitting instructions, superintendence, and aid.

"For the proper performance of these duties, special qualifications in science are required. These lie in pathology, including vital statistics, and in chemistry, with natural philosophy :—

"In pathology, because the science implies an exact study of the causes of disease, in their relation to the living body—a study of what they are, and how they act, and why they seem to vary in operation.

"In vital statistics, properly a section of pathology, because by analyzing the compositions of various death-rates, and by learning how the pressure of particular diseases differs under different circumstances of climate, season, dwelling, age, sex, and occupation, definite standards of comparison are gained, without which the Officer of Health could not estimate the healthiness or unhealthiness of the population under his charge.

"In chemistry, accompanied by microscopical observation, because without such aid there can be no accurate judgment as to impurities of air and water, dangerous impregnations of soil, or poisonous admixtures in food ; and because the same science also guides the application of deodorizing and disinfectant agents.

"In natural philosophy, because many nuisances are traced, and many questions as to ventilation and overcrowding, are answered by its laws ; further, because by its aid the Officer of Health studies the atmospheric changes, and learns the climate of his district, important steps in proceeding to speak of its diseases ; and, finally, because natural philosophy, in conjunction with chemistry, renders him competent to report on many manufacturing processes

alleged to be hurtful to health, and on the sufficiency of such means as are employed to reduce the evils ascribed to them.

“The branches of knowledge here spoken of are parts of every extended medical education, for curative and preventive medicine are founded on a common basis ; but they are not the parts which have most direct relation to the treatment of disease. The most distinguished practitioner of a neighbourhood may, indeed, happen to be also the person best qualified for a sanitary appointment ; but the reverse must often be the case, for not all members of the medical profession can afford equal leisure to cultivate those distinctive studies ; and it will imply no disparagement of men, actively and skilfully engaged in the treatment of disease, if the special qualifications in question should sometimes be found in other members of their profession rather than in them.

“On the other hand, it is important for Local Boards to know that the best training for the general duties of the medical profession is also the best training for the duties of an Officer of Health ; and, in choosing among candidates who have not previously held sanitary appointments, those who have to elect may properly rest on the evidences of general aptitude for a medical career, especially when testifying to methodical and industrious habits, to competent powers, with some previous discipline in scientific observations, to sober judgment, and to thorough conscientiousness in the investigation and statement of facts.

“The duties of an Officer of Health will not usually be inconsistent with his devoting a portion of his time to certain other professional engagements. But, where possible, it will be well to debar him from the private practice of his profession—firstly, because the claims of such practice would be constantly adverse to those of his public appointment, the duties of which (especially at times of epidemic disease, when his official activity would be most needed), private practice would scarcely fail to interrupt and embarrass ; secondly, because the personal re-

lations of private practice might render it difficult for him to fulfil his frequent functions of complaint ; and, thirdly, because, with a view to the cordial good-will and co-operation of his medical brethren, it is of paramount importance that the Officer of Health should not be their rival in practice, and that his opportunities of admonitory intercourse with sick families, should not even be liable to abuse for the purposes of professional competition.

“Objections of this nature will not generally hold against the Officer of Health being professionally connected with the medical school or hospital of his town. Provided such engagements are not of too engrossing an amount, it will conduce to the efficiency and public estimation of an Officer of Health that he be thus kept conversant with the practical aspects of his profession, and have given some security for keeping pace with its scientific progress.

“It may happen that the extent of duty to be required from the Officer of Health in a particular district would not justify the local board in allotting such a salary to the office as would enable its holder to dispense with the income derivable from private practice. But in cases of this description, the object would be equally fulfilled if the local boards of neighbouring towns or districts would combine in engaging and remunerating a properly-qualified person, on the understanding that he should be precluded from private practice, and should act as Officer of Health for the two or more Boards concurring in the appointment.”*

It is hardly possible to speak too emphatically of the necessity for the Medical Officer of Health being entirely independent of the conflicting interests of private practice, for they are ever clashing with public duties. The worst places in the worst districts may be the property of men who are the best patients of the Sanitary Officer, and it is embarrassing, to say the least of it, when such is the case.

* Minute of General Board of Health. Dec. 20, 1855.

Too often, also, the owners of unwholesome tenements, or the proprietors of offensive trades, or the dealers in adulterated food, force themselves into local boards for no other purpose than to protect their own interests, and to check the applications of sanitary measures to their unwholesome properties, and if the Medical Officer of Health is dependent to any large extent on the income of private medical practice, he cannot venture to be meddlesome. Every consideration indeed shows that the Health Officer of a district should be altogether free from local influences. He should, in fact, be not only free from the embarrassment of private practice, but he should be also independent of any disfavour which the honest, the zealous, and the fearless exercise of his duties may create. At present he is entirely the officer of the local board; and "What approach is there," says Mr. Rumsey, in his "Essays on State Medicine," "to security for the free and conscientious discharge of the highest order of professional duties, where the appointment, and the question of salary, and the right of dismissal, are committed to a body representing every kind of influence which is adverse to sanitary control?" To the honour of some of the local boards of this metropolis, and to that of the city in particular, these privileges have not been abused, but have been exercised freely and faithfully for the good of all. But these very exceptions make the common condition of them more striking, by showing how necessary it is that Health Officers should be independent of local influences. This has long since been decided by the experience of the Continent; for when, in the early part of the present century, Health Officers were created in Prussia and in Austria, and were elected, as they are here, by the municipal authorities, it was found that the public interests so clashed with the private affairs of the district, that the power of election was withdrawn. Indeed, the Government saw how improper it was to place officers, whose functions belonged to the general polity of the State, in a condition of dependence upon a local body, whose interests were too often opposed

to the duties of his office. They saw, also, that the nature of his qualifications, and the variety of his functions, were beyond the appreciation of a municipal assembly. In France, also, the election of a councillor of public hygiene is not committed to a local vestry, but to the Minister of Agriculture and Commerce. It is only in this way that the services of a highly-qualified officer can be secured, and the means afforded whereby his duties shall be freely performed.

Considerations of a public nature indicate that the health officer of a district might be advantageously employed in other duties than those specified in the acts of Parliament relating to the subject, or in the minutes of Council. He might, for example, most usefully superintend the registration of the births and deaths of a district, by revising the returns of the local registrars. It would, perhaps, be too much to expect of him to verify every death, and certify the cause thereof, as is done by the *Médecins des Morts* in Paris, and the *Todten beschauer* in Austria, but it would not be too much to require him to examine and revise the mortality returns of his district, and so bring them into nosological order, and statistical arrangement. This, perhaps, would be the means of securing what is now so sadly wanted, a faithful record of the actual causes of death. It would put a stop to the absurd entries which disgrace the national register, and make it all but useless for statistical purposes. No longer should we have such ridiculous returns as sudden death, death from wounds, ulcers, lungs, spasm, joints, abscess, tumour, cough, exhaustion, want of vitality, and the many other unmeaning terms which make up the 100,000 ill defined deaths upon the mortuary registers for every year.*

But besides the advantage of correct registration, the

* At the third anniversary meeting of the National Social Science Association at Bradford, Dr. Farr stated, that in one quarter of a year nearly 22,000 deaths were returned without any authorized statement of the cause; and that only 83 per cent. of all the deaths in England were certified by the medical attendants.—Transactions of Social Science Association, vol. iii., p. 616.

constant supervision of the mortality returns of a district by the Officer of Health would inform him fully and immediately of the existence of preventible disease, and of the outbreak of an epidemic. It would thus enable him at once to apply his remedies, and to advise the local authorities of the measures necessary for sanitary improvement.

Again, to the superintendence of the registration of deaths there might be added the duty of informing the coroner of the necessity for an inquest, and even of assisting him in the medico-legal part of his investigations ; for who would be so well acquainted with the circumstances of a suspicious death, as the Medical Officer who had the superintendence of the return. At present this duty is performed by an ignorant and irresponsible officer, the parish constable ; he it is who makes all the preliminary enquiries which are necessary for the action of the coroner, and it is not too much to say that both the ignorance and interests of this functionary may provoke enquiries which are not needed, and suppress others which are most requisite. In fact the unseemly contests which have been maintained by coroners and magistrates in respect of the expenses of inquests, and the necessity for conducting them, have been caused, in great measure, by the stupidity and officiousness of the parish constable, and by the imperfection of the data on which the coroner has acted. Give him the assistance of an officer who is competent to undertake the preliminary enquiries, and to determine whether there are good grounds for supposing that death has not arisen from natural causes, and the function of the coroner would be far more effectively performed.

The medical officer might likewise assist the coroner in the investigation of the case throughout the whole of the proceedings. He might be present at the post-mortem examination made by the medical attendant ; and he might witness, if not conduct, the toxicological part of the enquiry. Such an officer would soon become an experienced adept, whose knowledge would be of in-

finite value in the administration of justice, and whose independence and public position would place him above the suspicions which now attach to the motives of a professional expert. There can be no doubt that, with the assistance of such an officer, the progress of the coroner's investigation would be more certain, and, the result of his enquiries, the verdict, more conclusive. He would also put a stop to the costly proceedings which too often end as they began with the mere fact of "found dead," nor should we be perplexed with the unmeaning, if not mischievous verdict of died suddenly, died from grief, died of a broken heart, or died by the visitation of God.* In fact, the certainty of discovering the cause of death would not only give more precision to the coroner's verdict, but by exposing secret murder, would inspire the criminal with dread and the public with confidence. Inquests would perhaps be less frequently conducted, and thus far their expenses would be saved; but when conducted the enquiry would be needful, and the issue would be certain. Already the magistrates of the county of Middlesex have decided that there is occasion for some such an officer to assist the coroner; but I fear they have misapprehended the scope of the appointment, and the duties of the office.† The

* In the year 1838 and 1839 there were about 35,000 inquests held in this country; and of this number, 6708 ended in the verdict of "sudden death." Even in the metropolitan districts, and in the large towns of Liverpool, Manchester, and Birmingham, two out of every three inquests of sudden death were concluded unsatisfactorily, as by such returns as found dead, died by the visitation of God, or died naturally. (Dr. Farr, 3rd Annual Report of Reg.-Gen., p. 91, 92). And more recently in 1856, according to the returns of Mr. Redgrave, there were 10,285 inquests of the 21,801 held in the whole country in which the verdicts were most unsatisfactory. For example, there were 7102 in which the verdict was "natural death" without specifying the cause, and 3183 in which it was "found dead" (19th Annual Report of Reg.-Gen., p. 197.)

† "*Appointment of a Post-mortem Examiner.*—Upon the third subject of reference, that of the appointment of a medical officer, your Committee have to report a complete unanimity of opinion on the part of the witnesses who have appeared before them, in favour both of the utility and importance of the measure. With reference, indeed, to this point Mr. Bedford (the Coroner for the city and liberties of Westminster) has not

aim of the appointment should be to gain certain information as to the necessity for an inquest, and to give trustworthy assistance to coroner and magistrate in the medico-legal part of the investigation. This can only be done effectually by a trained, a skilful, and an experienced officer like an officer of health, whose collateral duties would help him in the investigation.

Some such a notion has pervaded the minds of all who have carefully considered the subject, and the writings of Mr. Chadwick, Dr. Sutherland, Dr. Southwood Smith, Mr. Rumsey, and many others, abound with illustrations of its necessity and importance. Even the coroners themselves are of opinion that their hands would be greatly strengthened by such an appointment. In fact, there cannot be a doubt that, with the assistance of such an officer, the functions of the coroner would be more effectively performed, the expenses of his office would be considerably reduced, and the results of his inquiries would be conclusive and satisfactory. In this way the aim of justice would be reached, and the safety of the public secured.*

And, besides the supervision of the mortality returns

scrupled to express his opinion, that in no case of sudden death, in which an inquest is proper at all, should a post-mortem examination be dispensed with; and that, without it, the proceeding is worse than useless. He considers it to be absolutely useless, because it affords no indication of the slightest value as to the cause of death; and worse than useless, because the show of investigation which is thereby presented, tends to lull suspicion, and, where actual guilt exists, to screen it from detection. But if it is important to have post-mortem examinations at all, it is equally so to provide means for their being efficiently performed. And the object, your Committee believe, cannot be attained except by the employment of practitioners whose attention has been specially directed to this difficult branch of medical science, and who have the benefit of continued practice in it." Report of the Special Committee appointed to consider the duties and remuneration of coroners, and also whether it is desirable that a Medical Officer should be appointed to the Coroner's Court. Middlesex Quarterly Sessions, 1851.

* In Germany, the *Kreis-physicus*, a District Physician, has this very duty assigned to him; for it is his business to promote and aid medico-legal inquiries of all kinds. He is to make examinations for inquests, with the co-operation of the District Surgeon, and is to attend on all sudden occurrences dangerous to the public safety.

and the registration of deaths, the Medical Officers of Health might organise and superintend a registration of sickness. He might gather up and classify the returns of hospitals, workhouses, unions, and dispensaries. He might note the specialities of disease among the different classes of the community, and in the different circumstances of habit, cleanliness, situation, density, &c. He would thus contribute to the ætiology of disease, and to the knowledge, now so meagre, of the laws of sickness. This, indeed, is a branch of sanitary statistics which has yet to be cultivated, for we have little or no accurate information of the rates of sickness at different ages, or of the influence of it upon the efficiency of labour. The mortality returns inform us of the fatal effects of disease, but they give us no idea of its lesser influences. They tell us of the killed in the battle of life, but they say nothing of the wounded and the disabled. It is true that the records of the public service, as the army and navy, the customs, the post-office, and the police, as well as the registration returns of friendly societies, have done something to elucidate the subject; but these data are far from being satisfactory. In the former case they are deduced from a class of individuals altogether exceptional, because they are picked men, at particular ages, and are occupied in a peculiar manner; and in the latter case the returns are indefinite, and careless and unsystematic. Besides which, they neither of them furnish sufficiently distinct information of the habits and home influences of the several classes.

Even in the case of hospital and other such statistics already alluded to, they must be enlarged beyond their present scope before they can be of much service. They must embrace the questions of residence, occupation, and the general habits of the sick, as well as the course and issue of the malady. They must also give evidence of the influence of specialities of practice, and of the tendency in particular institutions to treat particular diseases. It was for want of these considerations that the statistical returns of sickness, published by the Medical Officers of Health for

the Metropolis, were abortive, and were so soon brought to a conclusion.* It is clear, indeed, that we have yet to establish a sound and comprehensive system of registration of sickness before we can deduce the laws of its occurrence, and the general rate of its distribution, before we shall be able to estimate its influence on labour, and on the effectiveness of the various classes of the community. This is manifestly an important branch of sanitary statistics, for it would form the basis of a national pathology; it would furnish the means of determining with accuracy the proximate causes of disease, and the influences of climate, season, situation, occupation, and social habits. It would serve, also, to indicate the advent of epidemics, the laws of their occurrence, and the circumstances which keep them in check. So large a consideration evidently demands an effort for its fulfilment, and none are so well able to assist in its realization as the Health Officers of the country.

There is yet another subject connected with this part of his duties which might be advantageously committed to him, it is that of advising the poor, in the time of death, how best they may dispose of the corpse. Hardly anything is so perplexing to them, and so trying to their feelings, as the taking care of the dead body until it can be buried. Having generally but one room in which they lodge and sleep, they are obliged to keep their dead among them until they can find the means and the opportunity for burial. There it putrifies, and taints the air, and too often spreads disease among the living. At such times the Officer of Health, whose mission is respected by the poor, might advise and even assist in the disposal of the corpse,

* In the month of April, 1857, the Medical Officers of Health of the Metropolis commenced the publication of a weekly return of the cases of illness treated in pauper practice and in the public institutions of London. It embraced, on an average, about 10,000 new cases per week, treated in 43 workhouses, 35 hospitals, 43 dispensaries, 13 asylums, and 5 prisons. The diseases were classified under 22 heads, chiefly zymotic and pulmonary. The returns were continued for one year and seven months, and were then unexpectedly stopped. A similar weekly return has been published for Manchester and Salford.

by either recommending the use of disinfectants, or the removal of the body to a convenient place where it would be safely kept and respectfully treated. Service like this would not only be useful to the individuals, whom it most immediately concerned, but it would also be useful to the public by preventing the spread of disease ; for in times of pestilence, or when infectious disease has been the cause of death, measures might be taken to prevent its propagation.

Again, the functions of the Medical Officer of Health might very properly embrace the examination of articles of food and drink. Already this duty is assigned to him in several of the districts of this metropolis, as in the City of London, in the parish of St. James, in that of Marylebone, Islington, and some others ; but instead of waiting, as the Act directs, for a complaint on the part of a purchaser of food or drink, he should be empowered to make a systematic examination of the things sold in his district. This would be the means of exposing fraud, and of protecting the public, especially the poor, from the mischiefs of adulteration—mischiefs which are far more serious to health, and to the vigour of the body, than they are to the ethics of trade.

Lastly, and above all, it should be remembered, as Parent-du-Chatelet has truly observed, that the duties of an Officer of Health should include the esteem of the public, for his functions do not merely relate to the salubrity of a district, or to the question of the healthiness or unhealthiness of any trade, or building—these are but the material parts of his mission—they must also relate to the good opinion of those among whom he labours, and be supported by his moral action. There are many occasions, especially those of secondary importance, which occur most frequently, when an officer of health acts as an intermediate agent between the public and the administration, when his functions are those of a conciliator, when he has to listen to complaints of grievances on one side, and angry recriminations on the other. Judging, however, solely of the question of public safety and public health, and disre-

garding, or calming down the animosities with which the complaints are too often beset, he should endeavour to decide in such wise as to satisfy the demands of the administration, as well as the reasonable objections of opponents. His advice, indeed, should be such as will not only meet the requirements of the case, but will also gain the assent of every good citizen. Above all, he should ever oppose himself to all vexatious and litigious proceedings, to all unfounded misapprehensions, and to all exaggerated views of public sanitary questions ; for nothing is more likely to impede the progress of knowledge, and to bring the functions of his office into disrepute, than the unchecked fancies of visionary alarmists, or the still more mischievous opinions of sensational agitators.

